

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009371

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2109

STATE FILE NUMBER

1. PLACE OF DEATH  
a. COUNTY  
**FILED MAR 8 1963**b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **St. Louis**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **St. Louis**c. CITY  
OR  
TOWN **Lemay**Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **Jewish Hospital**Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
**8418 Tennessee**Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
**Albert**Middle  
**J.**Last  
**Schwartz**4. DATE  
OF  
DEATHMonth  
**February**Day  
**23**Year  
**1963**5. SEX  
**Male**6. COLOR OR RACE  
**White**7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
**4/19/1901**9. AGE (last birthday)  
**61**IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during last of working life, even if retired)  
**Collector**10b. KIND OF BUSINESS OR INDUSTRY  
**Internal Revenue**11. BIRTHPLACE (City and state or country)  
**St. Louis, Missouri**12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

13a. FATHER'S NAME

**Joseph Schwartz**

13b. MOTHER'S MAIDEN NAME

**Anna Vleck**

14. NAME OF HUSBAND OR WIFE

**Anna**15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv)  
**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

**Anna Schwartz 8418 Tennessee, Lemay, Mo.**18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Carcinomatosis**INTERVAL BETWEEN  
ONSET AND DEATH**8 mo.**Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

**ca bladder**

DUE TO (c)

**181.0**PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **Oct 1957** to **Feb 1963** and last saw him alive on **Feb 22, 1963**  
Death occurred at **Feb 23, 1963 1:30 A.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

**Feb. 26, 1963**

23c. NAME OF CEMETERY OR CREMATORY

**Resurrection Cemetery**

23d. LOCATION (City, town, or county)

**Affton, Missouri**

24. FUNERAL DIRECTOR

ADDRESS

**C. Hoffmeister Mortuaries**

25. DATE RECD. BY LOCAL REG.

**FEB 25 1963**

26. REGISTRAR'S SIGNATURE

**Paul Smith M.D.**

7814 So. Broadway St. Louis, Mo.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1

3

4

5

6

7

8

9

10

11

12

13

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Linus C. Hoffmeister*

Licensed Embalmer No. 3871

P. O. Address

7814 S. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

Dr. Stanley London  
4919 Forest Park  
PO 1-3388